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ABSTRACT

This report studied the cases of 826 infants and toddlers with developmental disabilities from 1988 to 1995 and the role of the facilities in identifying and referring the children to a rehabilitation center in Higashi-Osaka City, Japan. A list of the classification of main developmental disabilities is provided, along with a table showing the overall number of cases per year by specific disability. The causes of developmental disabilities are also identified. Tables of information from public health centers, welfare offices, a child guidance center, and hospitals illustrate the number of cases by disability and the age of the children at detection. The charts indicate that the facilities meet and detect the disabilities in the children at an early age. The percentage of children who need early intervention in the city is conjectured to be about 1.6 percent. The report states the need for a clinic for the medical assessment of and consultation about children with developmental disabilities, and for cooperation among the different facilities. A diagram of the different agencies that detect children with disabilities is included. (CR)

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Early Detection and Early Intervention for Children with Developmental Disability, and the Co-operation among Facilities Concerned in Japan.

ED 404 816

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1. Introduction

Persons with developmental disability tend to come across various difficulties in the early stages of their lives, therefore it is important for them to get early medical assessment, and to give appropriate help to parents. At present in Japan, early detection and early intervention for children with developmental disability is in operation on the grounds of general health checks for infants in a community under the medical, health and welfare institutions, and by cooperation among facilities concerned.

Main laws, institutions and the facilities concerned in Japan.

Hospital: Health examination and guidance for mothers at risk. Newborn mass screening program. Free medical care for rehabilitative treatment and nurturing therapy.

Public Health Centers: Regular health examinations at 4, 7 and 18 months and 3 years old. Home visiting guidance under the maternal and child health law.

Welfare Offices: Mother and child counselors consult about nursery schools.

Child Guidance Center: Assistance on child rearing and welfare benefits under the child welfare law.

Early Detection and Early Intervention in Higashi-Osaka City which is designated and has these facilities in one administrative area.

Outline of Higashi-Osaka City:

Population: 515,375(1993) Birth: 4,757(1993)

Facilities: 3 public health centers, 3 welfare offices, one child guidance center, and hospitals within/nearby

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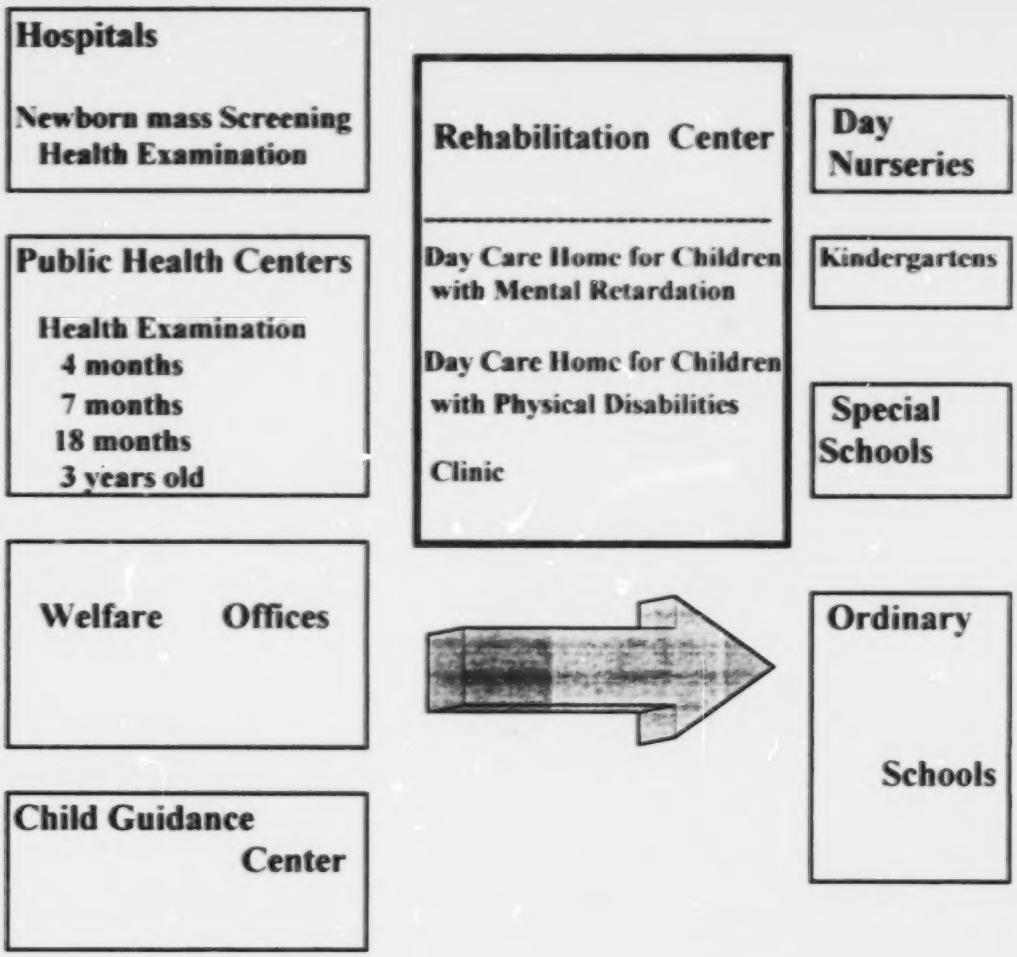
Fig.1 Detection and Intervention



2. Methods

I studied resent tendencies of children with developmental disability, and the role of the facilities in Higashi-Osaka City, through 826 cases that were introduced to a clinic in Higashi-Osaka City Rehabilitation Center during 8 years from 1988 to 1995.

Tab. 1 Classification of Main Developmental Disabilities

(Almost all have mental retardation)

1)Physical Disability Cerebral Palsy
Muscular Dystrophy
Spina Bifida and so on

2)Intellectual Disability Mental Retardation

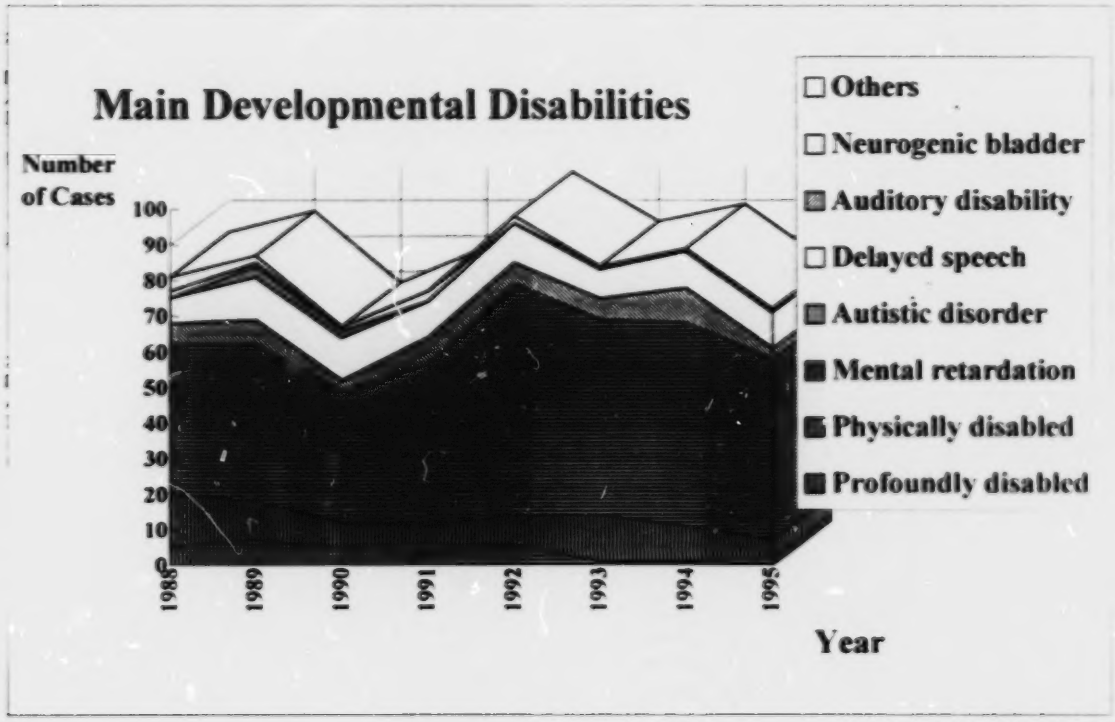
3)Autistic Disorders Infantile Autism
Rett Syndrome
Asperger Syndrome
4)Profoundly Disabled Physically under sitting locomotion and Mentally under DQ35
5)Delayed Speech
6)Others

3. Results

669 cases have some developmental disabilities and other 157 cases are within normal development only with febrile convulsion, nocturnal enuresis or none.

Fig. 2 Yearly Change of Main Developmental Disabilities

1.6% of children in this city need to have some treatment and care. The number of children with physical disabilities is tending to decrease, on the other hand that of children with mental retardation is increasing.



Tab. 2 Causes of Developmental Disabilities

1. Prenatal

Genetic

Progressive muscular dystropy Hunter's syndrome
Cockayne syndrome Xeroderma pigmentosum
Pelizaeus-Merzbacher disease Sotos syndrome
Holt Oram syndrome Noonan syndrome
Von Recklinghausen disease Tuberous sclerosis
Dandy-Walker syndrome Megalencephaly
Achondroplasia Multiple congenital arthrogryposis

Chromosomal abnormalities

Down syndrome 5p- syndrome 8p trisomy
Prader-Willi syndrome Angelman syndrome
Williams syndrome Rett syndrome
Beckwith-Wiedemann syndrome

Embryopathy

Congenital rubella Cytomegalic inclusion disease
Spina bifida Meningocele Brain malformation
Lissencephaly Subarachnoid cyst Hypothyroidism
Moebius-Poland syndrome Median cleft syndrome
Cornelia de Lange syndrome Costello syndrome
Goldenhar syndrome DiGeorge syndrome
Epidermal Nevi syndrome
Unknown multiple congenital anomalies syndrome

Fetopathy

Fetal alcohol syndrome Small for date

2.Perinatal

Asphyxia Prematurity neonatal convulsion
Intracranial hemorrhage Erb-Duchenne paralysis

3.Postnatal

Meningitis Vaccine-associated encephalitis
Post-measles encephalitis HHE syndrome
Hamartoma of hypothalamus Cerebeller tumor
Post-operation of brain tumor Burn
Neck injury by accident Hypoxic encephalitis
Gilles de la Tourette syndrome

4.Unknown

Porencephaly Multiple sclerosis Asperger syndrome
West syndrome Infantile severe myoclonic epilepsy
Others

Fig. 3 Cases from Public Health Center

Children with moderate or mild disabilities were introduced at a wide range of ages between a few months and 4 years old.

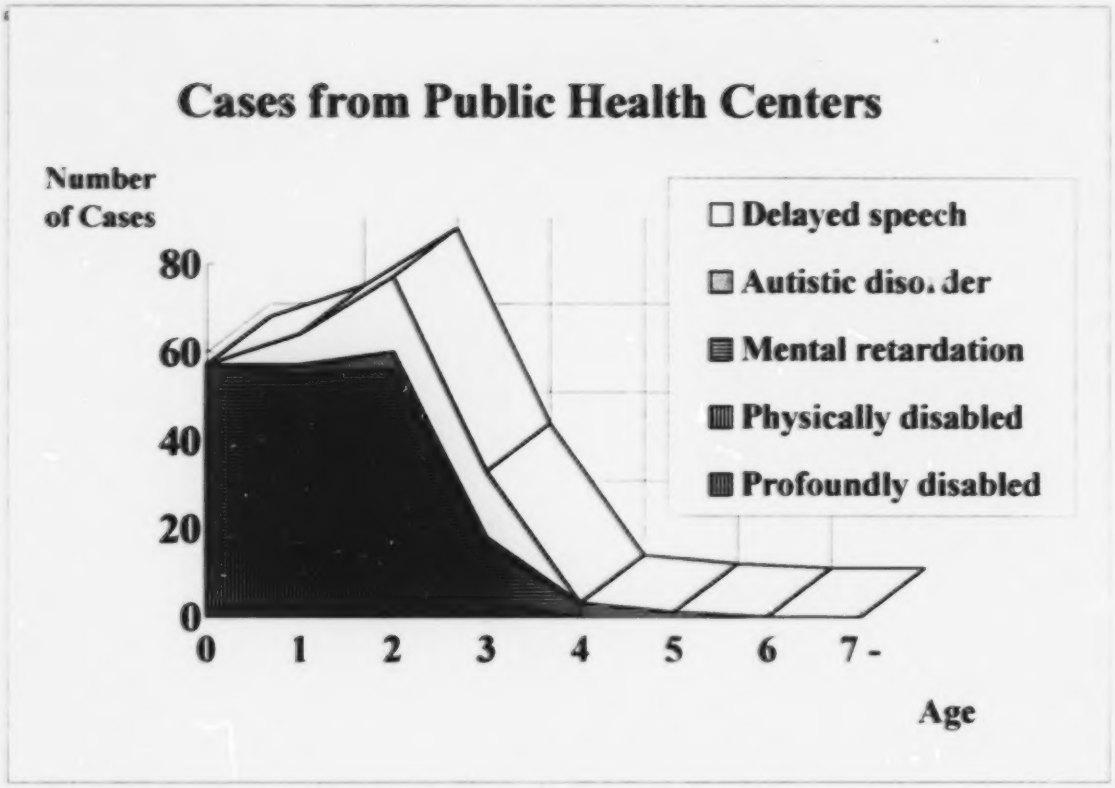


Fig. 4 Cases from Welfare Offices

Almost all cases have mental retardation, autistic disorders and delayed speech, and are introduced before or during attendance in nursery education.

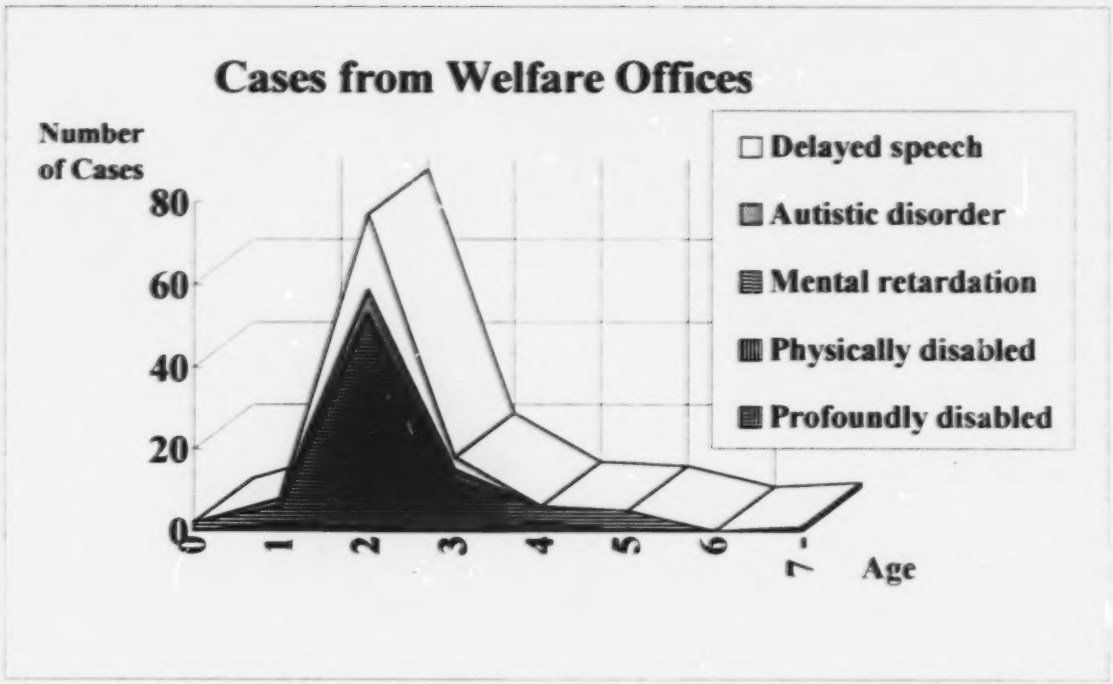


Fig. 5 Cases from the Child Guidance Center

Children mainly around 3 years old with mental retardation or delayed speech were introduced, and autistic children of school age and adolescence were sometimes referred because of schoolphobia and panic.

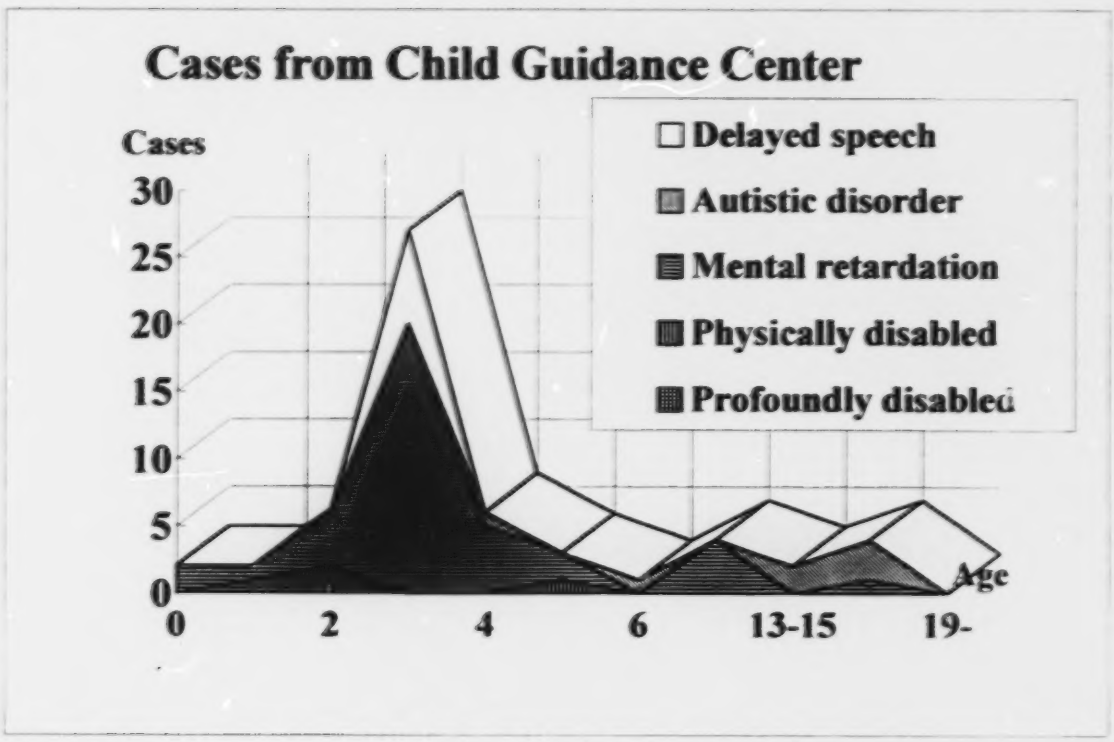


Fig. 6 Cases from Hospitals

Many cases had severe developmental disabilities with chromosomal abnormalities, malformations and other complications necessary for medical treatment, and were introduced earlier than other facilities.

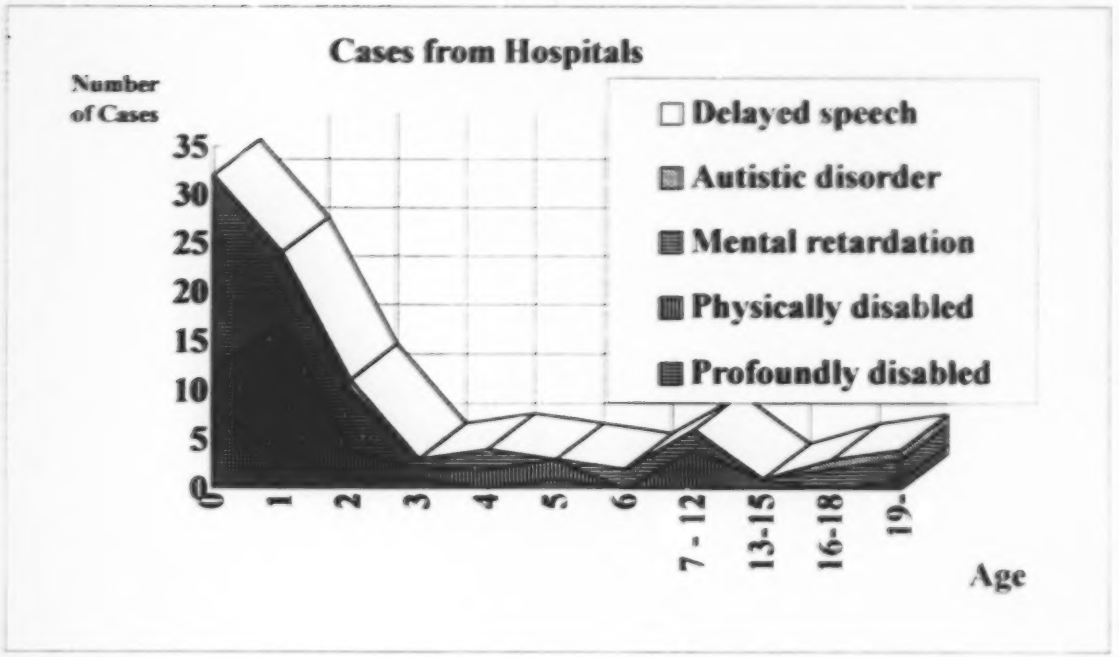
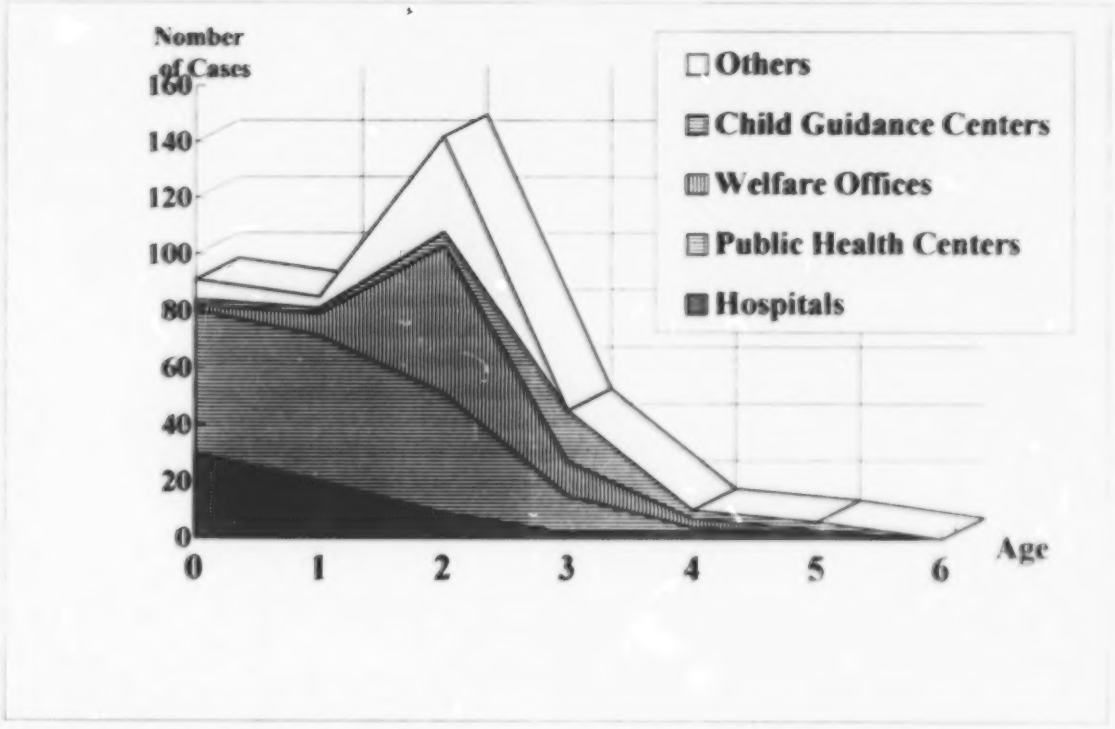


Fig. 7
Early Intervention in our Rehabilitation Center

Age 0 1 2 3 4 5 6 7 13 16 19-

Participation Nursery / Kindergarten Elementary Junior Senior
school High school



Rehabilitation Center====Outpatients and School visit========>

Medical
Hospitals==========> = = = = = = =>
Welfare
Child Guidance Center==========|
Welfare Offices==========>
Education
======= Board of Education===|
Health
Public Health Centers=========|

Fig. 7 Early Intervention in our Rehabilitation Center

The children who are diagnosed with some developmental disabilities need appropriate treatment, care and help. They start attending the therapeutic education program with professionals under the child welfare service, or consulting as outpatients in the clinic. Children under the child welfare service in our Rehabilitation Center tend to be assessed before 4 years of age, and each facility concerned has character regarding the kind of disabilities and the age of introduction.

4. Discussion

In early stages of family and community life, children with developmental disabilities and their parents tend to come across various difficulties; the appearance time and the feature are different with regard to the kind of disability and its severity, such as not walking, not speaking, not establishing the parent-child relationship, not playing with friends and so on. They are confused and isolated, and it becomes more serious in the present situation in Japan in that the number of nuclear families is increasing and the birth rate is decreasing. Every child is expected, according to age, to attend a suitable establishment such as a day nursery, a kindergarten or a school. It is necessary for them to have medical assessment and trials to adapt themselves to their circumstances.

This study clarified that facilities concerned, such as hospitals, public health centers, welfare offices and child guidance centers, meet and detect these children in considerably early time, through their own business under the medical, health and welfare institutions in Japan. The number of the children who need early intervention is conjectured to be about 1.6 %. Therefore, a facility such as this clinic, at which medical assessment and consultation can be done for children with developmental disabilities, is necessary in a community, and the cooperation among the facilities concerned is essential for early intervention.

END

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